



Consumer Satisfaction Survey Report

2007

Overview

The Utah Division of Substance Abuse and Mental Health is pleased to publish the 2007 Consumer Satisfaction Survey Report. The purpose of this report is to provide government officials, treatment centers, consumers, and family members with data on satisfaction with services. The findings of this report are also used to provide the Federal Government with outcome data for the Mental Health Block Grant.

Instruments

For the past two decades, the national Mental Health Statistics Improvement Program (MHSIP) has worked closely with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), the National Association for State Mental Health Program Directors Research Institute (NASMHPD / NRI), and with various states to develop national mental health standards. Among the outcomes of this work are the three MHSIP survey instruments used to collect data for this report: The MHSIP Adult Consumer Satisfaction Survey, The Youth Services Survey (YSS) completed by youth in treatment, and the Youth Services Survey for Families (YSS-F) completed by a parent or guardian. Each survey contains five measured domains.

1. General Satisfaction
2. Good Service Access
3. Quality & Appropriateness/Cultural Sensitivity
4. Participation in Treatment Planning
5. Positive Service Outcomes

Survey Methods

In 2004, the local service providers began conducting point-in-time MHSIP surveys rather than reporting data on a quarterly basis to the Division. The survey was administered to consumers of both substance abuse and mental health services. The surveys are completed in the office by anyone who comes in for a service, regardless of the duration they have been in treatment.

Beginning 2005, the YSS and YSS-F surveys were conducted in this same manner. As a result, comparison with 2004 YSS and YSS-F data is not valid.

Following are the total number of surveys completed:

	2004	2005	2006	2007
MHSIP	3,568	3,473	3,692	4,669
YSS	N/A	675	825	977
YSS-F	N/A	536	823	1,211

Computation of Scores

The following methods, which are those used by the federal government (<http://www.mhsip.org/reportcard>), were used to calculate scores for the scales and graphs in this report:

1. "Not applicable" values are considered null and surveys with more than 1/3 of the items in the scale missing are excluded from the results of that scale.
2. For each respondent, for each scale, calculate an average (mean) score for all items in the scale.
3. For each scale, count the number of mean scores (Step 2) that are less than 2.5. These scores, when rounded, represent "Agree" or "Strongly Agree" responses.
4. For each scale, divide the results of Step 3 by the number (count) of Step 2 scores computed to obtain a percent of favorable responses.
5. Providers with a sample rate of completed surveys less than 5% (or minimum of 30 completed surveys for small centers with minimal clients served) were not scored.

(For a copy of the survey instruments, contact Sandra Wissa with DSAMH at 538-3943.)

Results

The percentage of individuals reporting positive responses for all scales in the MHSIP survey did not significantly change from 2004 to 2007. In all, more than 70% reported positive responses in all scales.

The YSS survey, completed by youth, has declined in all domains from 2006 and are below the national average in all domains.

In four of the domains, the YSS-F survey, completed by a parent or guardian, shows a higher rate of positive responses than the survey completed by youth. A higher percentage of youth reported Positive Service Outcomes than did the parents or guardians.

All domains reported by the youth (YSS) and 4 of the 5 domains reported by parent or guardian of youth (YSS-F) are below the national average.

Recommendations

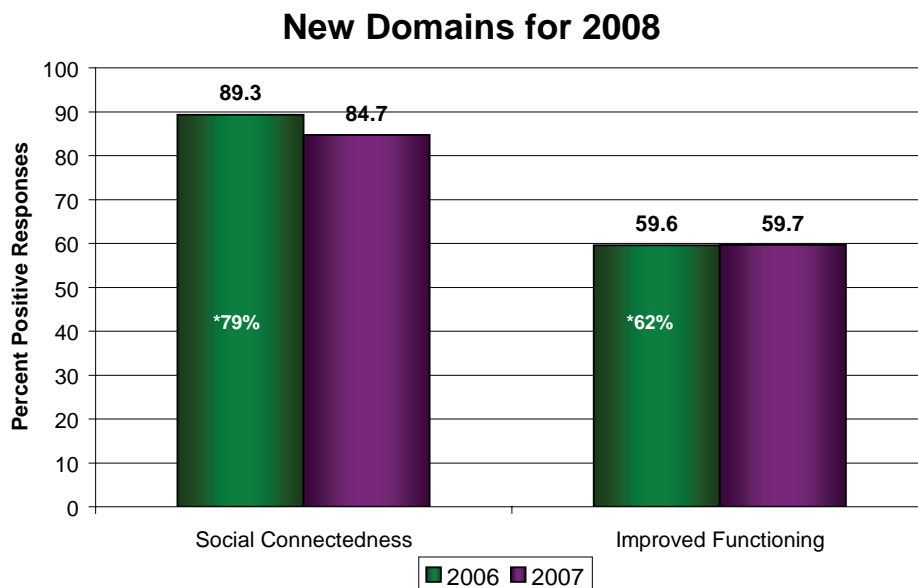
The Division takes the results of these surveys seriously and will use the results to improve services by taking the following actions:

- Set a minimum sample rate of 5%.
- Establish a target performance standard to meet or exceed the national average for MHSIP and the statewide average for YSS and YSS-F.
- The Division will include survey results and sample rates in monitoring reviews and will use that information to assess the quality of services and to help agencies improve.

- The results of the surveys will be reported to Local Authorities and Providers as a part of the Division's Balanced Scorecard, along with trends and ideas for improvement.
- The Division will review the survey and results in focus groups, consisting of consumers and families, and with local providers, to obtain more specific information and make further recommendations for improvement.
- The Division will review sample rates and survey administration with the Performance Development Committee for recommendations.
- NAMI Utah has been awarded a contract to establish a consumer council that will review services and give direction and feedback to the Division.

New Domains for 2008

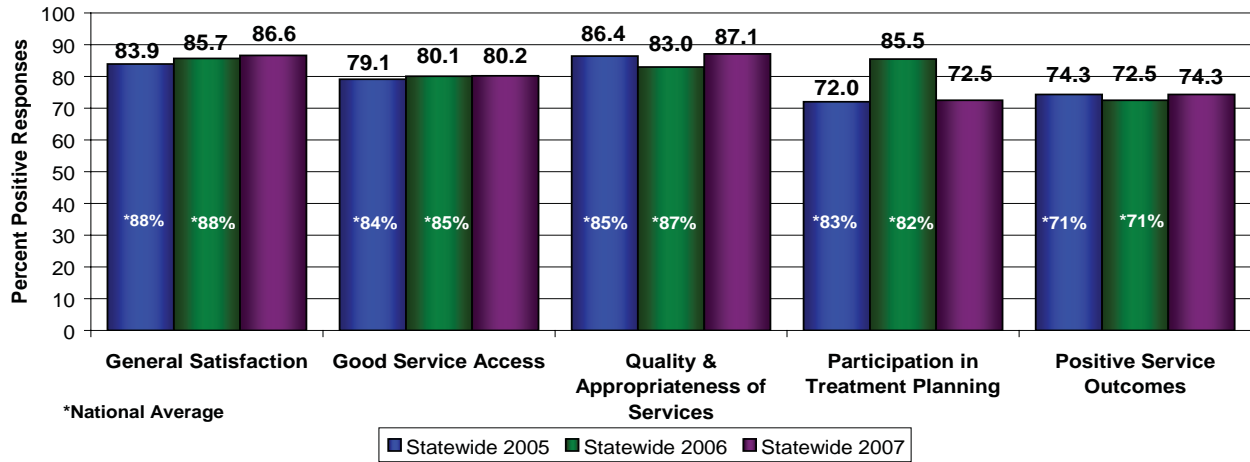
For the past two years additional questions have been piloted for two additional domains on the MHSIP and YSS-F surveys. These additional domains are: Social Connectedness and Improved Functioning. Improved Functioning included some of the questions from the Outcomes domain. We have collected information on these domains on the YSS-F for the past two years and have found the following: while Improved Functioning has stayed the same, Social Connectedness has decreased in the last year by about 5%. Next year these domains will be reported in Consumer Satisfaction Survey Scorecard.



*National Average

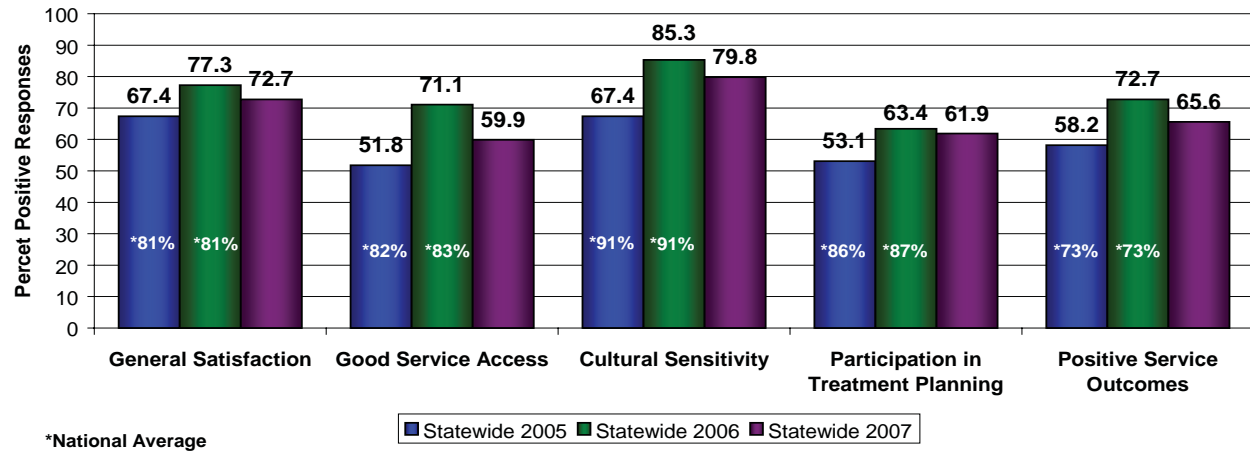
Adult Consumer Satisfaction Survey Mental Health Statistics Improvement Program (MHSIP)

Completed by Adults in Substance Abuse and Mental Health Treatment



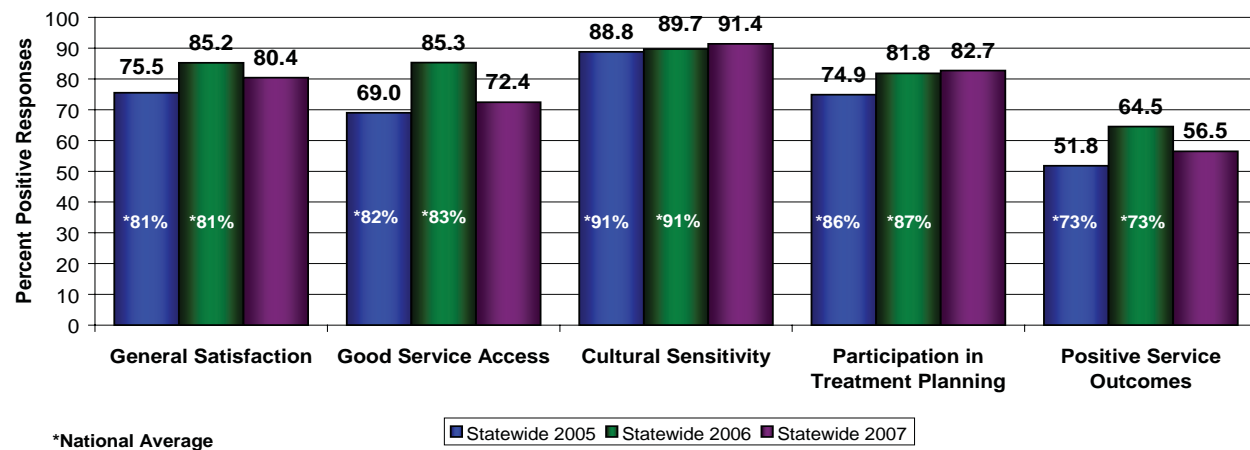
Youth Consumer Satisfaction Survey Youth Services Survey (YSS)

Completed by Youth (ages 12 to 17) in Substance Abuse and Mental Health Treatment



Youth Consumer Satisfaction Survey Youth Services Survey (YSS-F)

Completed by Parent or Guardian of Youth in Substance Abuse and Mental Health Treatment





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